

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>101048104</u>		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
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TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	12						TOTAL DEP.			
TOTAL CLAIMS	16						TOTAL CLAIMS			